

I hereby certify that this correspondence is being deposited with the
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addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
On: 10/15/2004
By: Crystal Susa Printed: Crystal Susa

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Theeuwes, et al.
Title: LOCAL CONCENTRATION MANAGEMENT SYSTEM
Serial No.: 09/917,181 **Filing date:** 07/26/2001
Examiner: Lam, Ann Y. **Group Art Unit:** 1641

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Petition for Extension of Time (1 pg., in duplicate);
4. Response to Office Action (15pp., in duplicate);
5. 5 Sheets Replacement Drawings (Figs.1, 2, 3, 4, 5, 6, 7, 8, 9);
6. Revocation of Power of Attorney, Appointment of New Attorney (1pg.)
7. Statement under 37 CFR 3.73(b) (1pg.).

Fee Calculation – The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	Fee	TOTAL
Total Claims	32	-32	0	X \$ 18		\$ 0
Indep. Claims	2	-3	0	X \$ 88		\$ 0
<u> </u> Multiple Dependent Claim(s), if any + \$300						\$ 0

Petition for 1 month Extension of Time \$110.00

TOTAL FILING FEE \$110.00

Please charge Deposit Account No. **50-1953** in the amount of \$ **110.00**. The Commissioner is hereby authorized to charge any additional fees associated with this

communication or credit any overpayment to Deposit Account No. **50-1953**. This form is enclosed in duplicate.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Respectfully submitted,
DURECT CORPORATION



Thomas P. McCracken
Reg. No. 38,548

Date: 15 Oct 2001

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